

# Interim Designation of Agent to Receive Notification of Claimed Infringement

**Full Legal Name of Service Provider:** Medical University of South Carolina

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** MUSC Health

**Address of Service Provider:** Charleston, South Carolina

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** C. Frank Starmer

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

200-I Administration/Library  
Medical University of South Carolina

171 Ashley Avenue, Charleston, SC 29425

**Telephone Number of Designated Agent:** (843) 792-0215

**Facsimile Number of Designated Agent:** (843) 792-0258

**Email Address of Designated Agent:** Copyright-agent@musc.edu

**Signature of Designating Service Provider:**

Date: April 5, 2000

**Typed or Printed Name and Title:** C. Frank Starmer  
Associate Provost for Information Technology

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

113109790



**RECEIVED**

APR 24 2000

**COPYRIGHT OFFICE**